

National and State Strategies for Preventing TB among American Indians/Alaskan Natives

Federal Tuberculosis Task Force Plan in Response to the Institute of Medicine Report, Ending Neglect: The Elimination of Tuberculosis in the United States
September, 2003

Institute of Medicine Recommendation 4.2: “To prevent development of TB among persons with latent TB infection”

Strategies	Action Steps
Ensure implementation of CDC guidelines for preventing and controlling TB in high-risk populations/environments.	(a) Increase the capacity of TB control programs and other governmental and non-governmental agencies to implement targeted testing and appropriate treatment for high-risk populations (including HIV at risk, American Indians/Alaska Natives, other minorities, prisoners and staff in correctional systems, homeless, immigrants, migrant workers, IDU contacts, and workers who provide health care or other services to these populations).
For American Indians/Alaskan Natives (AI/AN)—Provide training and education of health care workers and strive to maximize related cultural competency among health care workers who serve American Indians and Alaska Natives.	<p>(a) Evaluate training needs of health care providers, mid-level practitioners, and public health staff. Identify most effective methods of delivering information.</p> <p>(b) Based on results of step a) above, develop training modules and formal plan for disseminating training throughout Indian Health Services (IHS), tribal, and urban facilities serving AI/AN. Implement training in pilot sites to evaluate effectiveness.</p> <p>(c) Fully implement national training plan for all IHS, tribal, and urban facilities serving AI/AN.</p>
For American Indians/Alaskan Natives—Disseminate information/education about systems of care and	<p>(a) Identify most effective methods of delivering information.</p> <p>(b) Collect, develop, and package information relevant to IHS, tribal, and urban health program practitioners.</p>

Strategies	Action Steps
include AI/AN in education/information dissemination.	(c) Disseminate information to IHS, tribal, and urban health program practitioners.
For American Indians/Alaskan Natives—Improve contacts between IHS providers and state TB control programs to make work complementary rather than competitive; identify and address gaps in services between IHS and public health agencies; and share assets.	(a) Evaluate effectiveness, using formal program reviews, of IHS/state TB control program interactions in each state with a sizable number of AI/ANs. Identify most effective methods of delivering information. (b) Address gaps in services identified above.
For American Indians/Alaskan Natives—Provide tuberculin testing and related treatment for persons with diabetes.	(a) Develop a plan to reach all IHS, tribal, and urban AI/ANs with diabetes. Secure adequate tribal and IHS consultation to ensure success of any plan implemented. (b) Implement plan to test all IHS, tribal, and urban AI/ANs with diabetes for latent TB infection. (c) Implement plan to treat all IHS, tribal, and urban AI/ANs with diabetes found to have latent TB infections that have not had documented adequate treatment.

WA State Plan and Evaluation

By 2005, decrease the TB incidence rate to 13.0 cases/100,000 among American Indian/Alaskan Native persons. By 2009, decrease the TB incidence rate to 4.0 cases/100,000 among American Indian/Alaskan Native persons. Averaged over the preceding five years, the incidence rate was 13.5 cases/100,000 among American Indian/Alaskan Native persons.

Plan

The WA State DOH TB (DOH-TB) Program and the Yakama Indian Health Center (YIHC) have a long history of working cooperatively in the area of TB control, health promotion and communicable disease control. This collaboration has included opportunity to make recommendations to strengthen the program and to offer staff assistance as needed. In addition, DOH TB Program uses federal TB cooperative agreement funds for TB prevention and control

for AI/AN peoples by having DOH TB Nurse Consultants available statewide and TB Outreach Worker who provide directly observed therapy for YIHC. Collaboration will continue with the Yakama Indian Health Center.

New partnerships will be created with the other 28 federally recognized tribes, urban Indian health programs, and Indian organizations in WA State. DOH-TB will work with these entities providing health care to these communities in WA State to develop a memorandum of agreement for TB prevention and control.

An evaluation of the communication regarding TB case management between local health and federally recognized tribes, urban Indian health programs, and Indian organizations will be added to the cohort review process.

In addition, DOH-TB will seek assistance from the WA State DOH Tribal Liaison, LHJs, and the NW Portland Area Indian Health Board to develop the following activities with all 29 federally recognized tribes, urban Indian health programs, and Indian organizations in WA State:

- Create a multidisciplinary team; lead by a designated TB control physician, that includes the TB public health nurse, TB outreach worker, pharmacy and human resources and clerical support.
- Focus on screening and treatment for latent TB infection in high-risk populations and venues in the community and offer more rigorous outreach follow-up to complete assessments, start therapy, and ensure completion among contacts and groups targeted for screening.
- Discontinue practices that are not based on Centers for Disease Control and Prevention/American Thoracic Society/Infectious Diseases Society of America recommendations nor reasonably aimed at achieving the previous objectives set above.
- Revise clinical policies in accordance with WA DOH Guidelines. Wherever possible, incorporating existing guidelines as policy (with local modifications as necessary) and having them implemented by a small number of specialists to promote consistency and quality of clinical and disease control practice.
- Use the Yakama Memorandum of Understanding (1999) as a template.

Evaluation

Evaluate and describe the patterns and trends of TB among American Indian/Alaskan Native (AI/AN) persons on reservations and urban centers using TIMS data. Collaborate with tribal and native agencies in data sharing to establish any trends in TB transmission that would focus on targeted populations. Data summaries and epidemiologic analyses will provide an analysis of risk factors including homelessness, alcohol and drug use, and HIV co-infection.